

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C
Non-emergency Transportation
Certificate form

Priority One Medical Transport, LLC
(Please type or print)

Submitted by: Sheree Ward

Address: 2199 Durand Rd
Fort Mill SC 29715

Telephone: (704) 620-4225

Fax: _____

Other: _____

Email: Sheree0966@yahoo.com

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

DOCKET
NUMBER: 2010 - 273 - T

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted

☐ Application - Class C Taxi

☐ Application - Class C Charter

☐ Application - Class C Charter Bus

☒ Application - Class C Non-Emergency

☐ Application - Class C Stretcher Van

☐ Application - Class E Household Goods

☐ Application - Class E Hazardous Waste

☐ Application

☐ Request for Extension to Comply with Order

☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded

☐ Request for Cancellation of Certificate

☐ Request for Suspension

☐ Request for Reinstatement

Posted: tecl

Dept: S.A.

Date: 8/10/10

Time: 4:10

☐ Request for Name Change on Certificate

☐ Request to Amend Scope of Authority

☐ Request to Amend Tariff (rate increase, etc.)

☐ Request to Amend Passenger Limit

☐ Request

☐ Exhibit

☐ Late-Filed Exhibit

☐ Letter

☐ Proposed Order

☐ Publisher's Affidavit

☐ Reservation Letter

☐ Response

☐ Return to Petition

☐ Other: _____

RECEIVED
AUG 10 2010
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

546

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

CLASS C - NON-EMERGENCY

Date: 8/5/2010

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Priority One Medical Transport, LLC
2199 Durand Rd Fort Mill SC 29715
Street Address of Applicant

Mailing Address of Applicant if different from street address

704 620-4225
Phone Fax
Sheree Ward 2199 Durand Rd Fort Mill SC 29715
Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
☐ Partnership - List names and address of all person having an interest in the business.
☒ Corporation - List names and addresses of two principal officers.

Sheree Ward 2199 Durand Rd Fort Mill SC 29715
Sherlee Ward 2199 Durand Rd Fort Mill SC 29715

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month July Year 2010

Assets:

Cash	\$ 5,000
Receivables	N/A
Real Estate	N/A
Buildings and Equipment (Net)	N/A
Motor Vehicles (Net)	\$ 9,800
Garage Equipment (Net)	N/A
Machinery and Tools (Net)	N/A
Supplies on Hand	N/A
Prepays and Other Assets	N/A
Total Assets	\$ 14,800
<u>Liabilities and Equity:</u>	
Accounts Payable	N/A
Notes Payable	N/A
Mortgages Payable	N/A
Equipment Obligations	N/A
Accrued Salaries and Wages	N/A
Other Accrued Obligations	N/A
Other Liabilities	N/A
Total Liabilities	N/A
Capital Stock	N/A
Retained Earnings	N/A
Total Equity	N/A
Total Liabilities and Equity	N/A

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

Ambulatory : \$ 25 /one way + \$2/mile

wheelchair : \$ 45 /one way + \$2/mile

Counties to be Served:

York, Chester, Union, Cherokee, Spartanburg
Laurens, Lexington, Saluda, Newberry, Greenville
Hickens, Oconee, Anderson, Fairfield,
Richland, Kershaw, Lancaster, Chesterfield

Maximum Number of Passengers per Vehicle:

14 passenge 3 which are for wheelchairs

DESCRIPTION OF EQUIPMENT

[illegible]

* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

Sherlee Ward

Name of Motor Carrier

2199 Derand Rd Fort Mill SC 29715

Address of Motor Carrier

Amount of Premium:

Liability Insurance \$ 4919.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurance	\$ 1,000,000	\$ 4,220
Medical Payments per Person	\$ 1,000	

Geico Online Commercial

Name of Insurance Company

One Geico Boulevard Fredericksburg, VA 22412

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Account Summary For SHERLEE WARD

Quote #: 646848

Status:

Originally Quoted: 1/01/1900 12:00 AM
 Quote Printed: 8/06/2010 5:00 PM EDT
 Proposed Effective: 8/02/2010 12:00 AM

Quoted By: GEICO Online Commercial
 Rater
 One GEICO Boulevard
 Fredericksburg, VA 22412

geicocommquote@geico.com

<u>Symbol</u>	<u>Coverage</u>	<u>Limit (\$)</u>	<u>Premium (\$)</u>
7	Liability	1,000,000 CSL	4,642
7	UM - BIPD	1,000,000 CSL	315
7	UIM - BIPD	1,000,000 CSL	315
7	Medical Payments	1,000	93
	Physical Damage	See Specific Unit	N/A
	Add'l Ins'd(M3745)		139
Total			\$5,504.00

Revision: 71SC2009R03

Vehicle Information

NICO-Rate Version: 8.2.31.5

<u>Unit</u>	<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>At/Lessor</u>	<u>Unit Sub Total</u>
1 2003 FORD C SERIES Radius: Up to 75 Miles	4,642	315	315	93	N/A	N/A	N/A	5,365



Exhibit FWA

Priority One Medical Transport, LLC
Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF

York

Sheree Ward

Applicant's Signature

I,

Sheree Ward

Name of Applicant's Representative

Owner/Agent

Title

of

Sheree Ward

Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Sheree Ward

Signature of Applicant's Representative

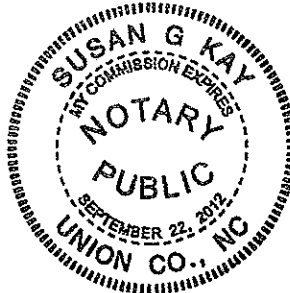
SWORN TO BEFORE ME

This 5th day of August, 2010

Susan A Kay

Notary Public

Commission Expires 09-22-2012



The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PRIORITY ONE MEDICAL TRANSPORT, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 28th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
28th day of July, 2010.

A handwritten signature in cursive script that reads 'Mark Hammond'.

Mark Hammond, Secretary of State

JUL 28 2010

Filing Fee - \$110.00

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

Priority One Medical Transport, LLC

***NOTE:** The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

2199 Durand Rd

Street Address

Fort Mill

29715

City

Zip Code

3. The initial agent for service of process is

Sheree Ward

Name

Sheree Ward

Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

2199 Durand Rd

Street Address

Fort Mill

29715

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) Sheree Ward

Name

2199 Durand Rd

Street Address

Fort Mill

SC

29715

City

State

Zip Code

- (b)

Name

Street Address

City

State

Zip Code

Form Revised by South Carolina
Secretary of State December 2000

100728-0083

FILED: 07/28/2010

PRIORITY ONE MEDICAL TRANSPORT, LLC

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Sheree Ward

Name

2199 Durand Rd

Street Address

Fort Mill

SC

29715

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

N/A

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Sheree Ward
Signature of Organizer

7/27/10
Date

Signature of Organizer

Date